## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC			Attorney Docket No			.: _117198	
P.O. Bex 19928 Alexandria, Virginia 22320 Telephone: (703) 836-6400 Facsimile: (703) 836-2787		Date: September 17, 2003  MAIL STOP PATENT APPLICATION					
Customer Number: 25944 NONPROVISIONAL APPLIC						TRANSMI	ГТАL
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				3	,		or end
Sir:							5638 5638 5638
Transmitted herewith fo	onprovisional p	atent applica	ition		10/		
For (Title):	FLASH APPARATUS AND AUXILIARY BATTERY APPARATUS						e = 1
By (Inventors): Nobuyoshi HAGIUDA, Masakuni OHTA							
Formal drawings (Figs. 1-18; 18 sheets) are attached.  Use Figure for front page of Publication.  A Declaration and Power of Attorney is filed herewith.  This application claims benefit of Provisional Application No filed  (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)  This patent application is assigned to NIKON CORPORATION.  The executed Assignment is filed herewith.  An Information Disclosure Statement is filed herewith.  Entitlement to small entity status is hereby asserted.  A Preliminary Amendment is filed herewith.  Priority of foreign application No. 2002-271150 filed September 18, 2002 in Japan is claimed (35 U.S.C. §119).  A certified copy of the above corresponding foreign application(s) is filed herewith.  This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.  The filing fee is calculated below:  CLAIMS IN THE APPLICATION AFTER ENTRY OF  ANY PRELIMINARY AMENDMENT NOTED ABOVE  OTHER THAN A  SMALL ENTITY							
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	<u>OR</u>	RATE	FEE
BASIC FEE				\$ 375	<u>OR</u>	4-4.4	\$ 750
TOTAL CLAIMS	12 - 20	= 0*	x 9=	\$	<u>OR</u>	x 18	\$
INDEP CLAIMS	2 - 3	= 0*	x 42 =	\$	<u>OR</u>	x 84	\$
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+ 140 =	\$	<u>OR</u>	+ 280	\$
* If the difference is	TOTAL	\$	<u>OR</u>	TOTAL	\$ 750		

Check No. 146433 in the amount of \$750.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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